
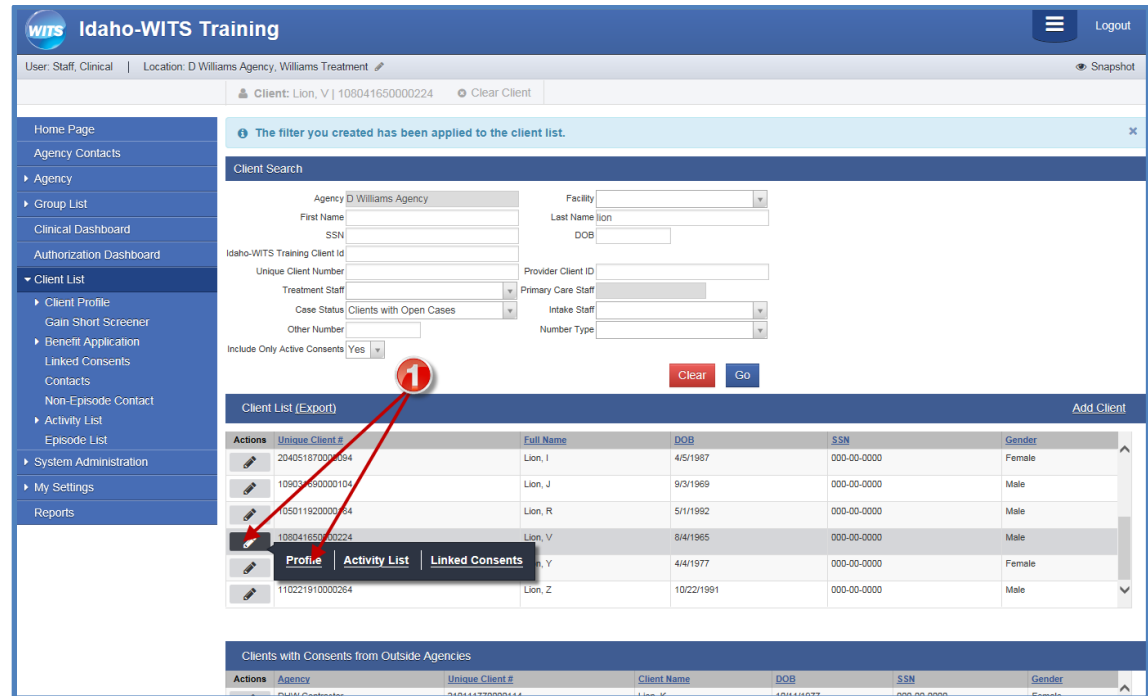


# Authorization Change Request – Note to Authorizer for IDHW (non-ATR 4) & IDOC Clients who are not changing facilities or agencies

These instructions are to be used in the following Situations.

- Transfer an IDHW client from **Assessment** to a **treatment Level of Care (LOC)** at the current facility.
- **Close/Discharge** the client who will not be going to another provider.
- Request RSS services for my agency or a **Stand Alone RSS provider** (without affecting treatment).
- I am a **Stand Alone RSS provider** and I want to request additional units.

1. **Getting here:** Login, select the **Facility**, select **Client List** on the Navigation Pane (left menu) to generate the Client Search Screen, find client, click  and select **Client Profile**.



The screenshot shows the Idaho-WITS Training system interface. The left navigation pane has 'Client List' selected. The main area displays a 'Client Search' form and a 'Client List (Export)' table. A red circle with the number '1' highlights the pencil icon in the 'Actions' column of the table, which is used to access the 'Client Profile'.

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	204051870000094	Lion, I	4/5/1987	000-00-0000	Female
	1090011900000104	Lion, J	9/3/1969	000-00-0000	Male
	1050119200000054	Lion, R	5/1/1992	000-00-0000	Male
	1080416500000224	Lion, V	8/4/1965	000-00-0000	Male
	1102219100000264	Lion, Z	10/22/1991	000-00-0000	Male

2. Select the **Authorization** on the Navigation Pane

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Generate Report | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Home Page

Agency Contacts

Agency

Group List

Clinical Dashboard

Authorization Dashboard

Client List

Client Profile

Alternate Names

Additional Information

Military Information

Contact Info

Collateral/Cust. Contacts

Other Numbers

History

Client Group Enrollment

**Authorization**

Employment

Allergies

Gain Short Screener

Benefit Application

Linked Consents

Contacts

Non-Episode Contact

Activity List

Episode List

Profile

First Name: V

Middle Name:

Last Name: Lion

Suffix:

Gender: Male

DOB: 8/4/1965

SSN: 000-00-0000

Provider Client ID:

Unique Client Number: 108041650000224

State Client ID:

Record Created By: Buskey, Michelle

Last Updated By: Buskey, Michelle

Created Date: 3/4/2015 1:20 PM

Last Updated Date: 3/4/2015 1:20 PM

Driver's License:

Acc. Category:

Has paper file: Yes

Administrative Actions


Cancel Save Finish

Alternate Names

Actions	Last Name	First Name	Middle Name	Client Alias Type
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Addresses

Actions	Address Type	Address	Confidential	Created	Updated
	Client Home	1205 Venus Circle Nex Perce, ID 87206	No	3/4/2015	3/4/2015

3. Click  and select **Profile** to review the active Authorization.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

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Non-Episode Contact

Activity List

Episode List

Authorization List

Actions	Auth #	Payor	Status	Effective Date	End Date	Authorized	Encumbered	Expended	Available	Last Activity Date
	2036	DHW Adult [State General, 1]	Active	7/1/2014	6/30/2015	\$568.50	\$0.00	\$0.00	\$568.50	3/4/2015
		DHW Adult [State General, 1]	Closed	7/1/2014	3/18/2015	\$0.00	\$0.00	\$0.00	\$0.00	3/18/2015

Profile

4. Click **Requests** under the Actions box.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

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Allergies  
Gain Short Screener  
Benefit Application  
Linked Consents  
Contacts

Authorization

Group Enrollment: DHW Adult | Status: Active  
Plan: State General | Contract: 1 - DHW-D Williams SUD / 7/1/2014 - 6/30/2015 - State General-DHW Adult  
Authorization #: 2036 | Date Approved: 7/1/2014  
Administering Agency: DHW Contractor | Updated Date: 3/4/2015 1:21 PM  
Effective Date: 7/1/2014 | Updated By: Buskey, Michelle  
End Date: 6/30/2015

Comments

Authorized Services List

Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Units
Outpatient	25	\$231.00	\$0.00	\$0.00	25.00
Drug/Alcohol Testing	25	\$337.50	\$0.00	\$0.00	25.00

Actions

Close Requests

Total Authorized: \$568.50  
Total Encumbered: \$0.00  
Total Expended: \$0.00  
Total Available: \$568.50

Finish

5. The Authorization Change Request List displays. Click **Add New**.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

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Allergies

Provider Authorization Change Request

Group Enrollment: DHW Adult | Status: Active  
Plan: State General | Contract: 1 - DHW-D Williams SUD / 7/1/2014 - 6/30/2015 - State General-DHW Adult  
Authorization #: 2036 | Date Approved: 7/1/2014  
Effective Date: 7/1/2014 | Updated Date: 3/4/2015  
End Date: 6/30/2015 | Updated By: Buskey, Michelle  
ATR Intake: 1/1/0001-

Comments

Authorization Change Request List

Actions	Date	Type	Service	Units	End Date	Status	Justification

Add New

Finish

6. The Authorization Change Request List displays. Select **Note to Authorizer**.

7. Enter **Comments**.

- **Transfer a IDHW client from Assessment to a treatment LOC:** document the date the GRRS is consented to DHW Contractor, and include the recommended LOC.
- **Close/discharge the client who will not be going to another provider:** document the reason for the discharge/ closure and the discharge/closure date. When discharging from Detox, Halfway Housing, Residential or Transitional Housing services (Level III), please include a detailed reason for the discharge.
- **Request RSS services for my agency or a Stand Alone RSS provider (without affecting treatment):** name of the service, number of requested units, and justification for each RSS Service. Include the name of the Stand Alone RSS provider if applicable.
- **I am a Stand Alone RSS provider and I want to request additional units:** name of the service, number of requested units, and justification for each RSS Service.

8. Click **Save** and **Finish**.

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Authorization Change Request Profile

Type: [Yellow Highlighted]  
Service: [Dropdown]  
Units: [Dropdown]  
End Date: [Calendar Icon]  
Justification: [Dropdown]  
Requestor Comments: [Text Area]  
Approver's Comments: [Text Area]  
Deny Reason: [Text Area] Other Description: [Text Area]

Actions: [Add ASAM Concurrent Review]

Cancel Save Finish

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

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Authorization Change Request Profile

Type: Note to Authorizer  
Service: [Dropdown]  
Units: [Dropdown]  
End Date: [Dropdown]  
Justification: [Dropdown]  
Requestor Comments: [Yellow Highlighted]  
Approver's Comments: [Text Area]  
Deny Reason: [Text Area] Other Description: [Text Area]

Actions: [Add ASAM Concurrent Review]

Cancel Save Finish